

# Summary of benefits

This booklet gives you a summary of the benefits you can expect when you choose a **Priority**Medicare Employer plan.

**Priority**Medicare<sup>SM</sup> Employer HMO Only

City of Detroit Police & Fire Department

January 1, 2025 - December 31, 2025

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Priority Health has HMO-POS and PPO plans with a Medicare contract. Enrollment in Priority Health Medicare depends on contract renewal.

# Overview of in-network benefits

## Monthly plan premium (Part C and D premium combined)

Not applicable

## Part B rebate

\$75\*

Deductible	Maximum out-of-pocket responsibility	Inpatient hospital	Outpatient Hospital/ASC
\$0	\$1,500 (\$1,000 coins)	\$0*	\$0*

## Doctor visits

PCP:

\$0\*

Specialist:

\$5\*

Virtual visits:

\$0\*

Palliative care visit:

\$0\*

## Preventive services

Preventive services such as mammograms, colonoscopy screening and immunizations:

\$0\*

Prior authorization may apply for some benefits. Contact the plan for more information.

\*Deductible does not apply

# Overview of in-network benefits

## Emergency care

Emergency care:

\$65\*

Urgently needed services:

\$25\*

## Outpatient diagnostic services

Labs:

\$0\*

Diagnostic tests/  
procedures:

\$10\*

Diagnostic  
radiology:

\$0\*

X-rays:

\$15\*

Anticoagulant labs:

\$0\*

## Hearing services

Diagnostic exam:

\$15\* PCP or Specialist

Routine exam:

\$15\*

Hearing aids:

\$0\* for one hearing aid per ear, per plan year. Must use a TruHearing provider.

## Dental services

Not covered

## Vision services

Diagnostic exam:

\$15\* PCP or specialist

Routine exam:

\$15\*

Eyewear Allowance:

\$0\* for Medicare-covered eyewear after cataract surgery.

## Mental Health services

Inpatient mental health:

\$0\*

Outpatient mental health (individual or group):

\$10\*

Prior authorization may apply for some benefits. Contact the plan for more information.

\*Deductible does not apply

# Overview of in-network benefits

Skilled nursing facility (SNF)	Outpatient rehabilitation services	Cardiac and Pulmonary rehab
\$0*	PT/OT/ST: \$0*	\$0*

Ambulance Services are covered by Original Medicare.	Transportation
\$100*	Not covered

## Part B drugs

Chemotherapy drugs	Part B drugs Obtained in a provider's office or outpatient setting	Part B drugs Obtained in a pharmacy or by mail order service
\$0*	\$0*	\$0*
Part B Insulin		
\$0*		

Prior authorization may apply for some benefits. Contact the plan for more information.

\*Deductible does not apply

# Overview of in-network benefits

## Part D prescription drug benefits

Prescription drug deductible: \$0

	Standard retail pharmacy	
	30-day	90-day
<b>Tier 1 (Preferred generic)</b>	\$3	\$3
<b>Tier 2 (Generic)</b>	\$15	\$15
<b>Tier 3 (Preferred brand)</b>	\$30	\$90
<b>Tier 4 (Non-preferred-brand drug)</b>	30%	30%
<b>Tier 5 (Specialty)</b>	30%	Not offered

	Mail Order	
	30-day	90-day
<b>Tier 1 (Preferred generic)</b>	\$3	\$0
<b>Tier 2 (Generic)</b>	\$15	\$0
<b>Tier 3 (Preferred brand)</b>	\$30	\$60
<b>Tier 4 (Non-preferred-brand drug)</b>	30%	30%
<b>Tier 5 (Specialty)</b>	30%	Not offered

This plan includes Part D insulin cost to never exceed \$35 for a one month supply.

As an employer sponsored plan beneficiary, you will continue to pay the copays listed above until you reach your \$2,000 out of pocket maximum for prescription drug coverage. Once the maximum amount is met, you will pay \$0 and the plan will pay 100% of your out-of-pocket Medicare prescription drug costs.

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\*Deductible does not apply

# Overview of in-network benefits

## Additional Medicare benefits covered under your plan

Dialysis	DME and prosthetics and orthotics	Diabetic supplies	Podiatry (foot care)
\$0*	\$0*	\$0*	\$5*

### Home health care

\$0\*

### Supplemental benefits covered under your plan

\$15 copay\* for each routine chiropractic care(12 total) visit and \$15 for one set of x-rays each year.

\$25\*/quarterly allowance for over-the-counter items, allowances do not rollover.

\$0 copay\* Health and Wellness Education Programs: health education, in-home safety assessment, nutritional education, post-discharge in-home medication reconciliation, enhanced disease management & telemonitoring, and Teladoc Health Mental Health.

\$0 copay\* One Pass® fitness membership and well-being network that provides access to an extensive network of gym locations and online workout classes. Helps seniors with their mental, social and physical well-being.

\$0 copay\* Worldwide travel assistance through Assist America® when more than 100 miles from home.

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\*Deductible does not apply

## Contact us



If you have questions, call one of our Priority Health Medicare experts from 8 a.m. to 8 p.m., seven days a week (TTY users call 711). Call 888.389.6648 (option 3).



Email us any time. Visit [prioritymedicare.com](https://prioritymedicare.com) and click on **Contact Us** to send a secure email.

Please note that this is just a summary of the plans' benefits; it doesn't list every service we cover or list every limitation or exclusion. To get a complete list of services we cover including any limitations or exclusions, review the Evidence of Coverage document. Or by calling our customer service number. For additional information, call us at 888.389.6648, option 3 (TTY users should call 711). Another resource available to you when researching your Medicare options is the **2025 Medicare & You** handbook. View it online at [medicare.gov](https://medicare.gov) or get a copy by calling 800.MEDICARE (800.633.4227), 24 hours a day, seven days a week. TTY users should call 877.486.2048.



Out-of-network/non-contracted providers are under no obligation to treat Priority Health members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.